Department of Children & Youth

# Center Licensing Inspection Full Report

All licensed child care programs are inspected at least once each year. Non-compliances are documented and grouped as Serious, Moderate or Low risk violations. Documenting statements and supplemental information may be included in this report. Licensing inspection reports from the previous three years can be viewed on the child care website at http://jfs.ohio.gov/CDC/childcare.stm. This includes complaint investigation reports with substantiated allegations. For any other child care records, please contact the Child Care Help Desk at 1-877-302-2347, option 4.

| Program Details | | | |
|---|---|---|---|
| Program Name<br>BELPRE HEAD START | Program Number<br>000000400053 | | Program Type<br>Child Care Center |
| Address<br>2014 ROCKLAND AVENUE BELPRE<br>OH<br>45714 | | | County<br>WASHINGTON |
| | | | |
| Building Approval Date<br>07/21/2017 | Use Group/Code<br>E | Occupancy Limit | Maximum Under 2 ½ |
| Fire Inspection Approval Date<br>08/15/2024 | Food Service Risk Level<br>Level II | | |

| Inspection Information | | |
|---|---|---|
| Inspection Type<br>Annual | Inspection Scope<br>Full | Inspection Notice<br>Unannounced |
| Inspection Date<br>01/28/2025 | Begin Time<br>11:15 AM | End Time<br>1:00 PM |
| Reviewer:<br>Barbara Smith | | |

| Summary of Findings | | | | |
|---|---|---|---|---|
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 58 | 1 | 0 | 0 | 1 |

| License Capacity and Enrollment at the Time of Inspection | | | | |
|---|---|---|---|---|
| Age Group | License Capacity | Enrollment | | |
| | Totals | Full Time | Part Time | Total |
| Infant ( Birth to < 18 m) | | 0 | 0 | 0 |
| Young Toddler | | 0 | 0 | 0 |
| **Total Under 2 ½ Years** | 0 | 0 | 0 | 0 |
| Older Toddler | | 0 | 0 | 0 |
| Preschool | | 32 | 0 | 32 |
| School Age | | 0 | 0 | 0 |
| **Total Capacity/Enrollment** | 40 | 32 | 0 | 32 |

| Staff-Child Ratios at the Time of Inspection | | | |
|---|---|---|---|
| **Group** | **Age Group/Range** | **Ratio Observed** | **Comment** |

| | | | |
|---|---|---|---|
| Room 101 | 3 years to < 4 years | 3 to 14 | Arrival |
| Room 101 | 3 years to < 4 years | 2 to 14 | Nap |
| Room 103 | 3 years to < 4 years | 3 to 15 | Arrival |
| Room 103 | 3 years to < 4 years | 2 to 15 | Nap |

## Summary of Non-Compliances

*If a program disagrees with a licensing finding, the program may request a review of the finding(s). Ohio Administrative Code 5101:2-12-03 and 5101:2-13-03 detail the process for submitting a request for review. The request for review must be submitted within seven business days from the receipt of the licensing report. In addition, if the program is star rated, the rating may be impacted if a serious or moderate risk non-compliance is cited.*

### Serious Risk Non-Compliances

**No Serious Risk Non-Compliances were observed during this inspection**

### Moderate Risk Non-Compliances

**No Moderate Risk Non-Compliances were observed during this inspection**

### Low Risk Non-Compliances

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**Domain: 09 Children's Files**

Rule: 5180:2-12-15 Child Medical and Enrollment Records
Code: The program is required to have a completed medical on file at the program for each child enrolled.

Finding: In review of 25% of the children's records, it was determined that completed medical statements were not on file, as required, for children listed on the JFS Children's Record Review For Child Care as indicated in number 8 below:

1. No medical was on file for at least one child
2. Medical(s) on file was not updated every 13 months
3. Medical(s) were missing child's name and date of birth
4. Medical(s) were missing the date of the medical examination
5. The date of the exam was more than 13 months prior to the date the form was signed.
6. Medical(s) were missing a statement that the child has been examined and is in suitable condition for participation in group care
7. Medical(s) were missing the signature, business address and telephone number of the physician, physician's assistant(PA), advance practice nurse (APN) or certified
nurse practitioner (CNP) who examined the child
8. Medical(s) were missing a record of immunizations the child has had specifying month, day and year
9. Medical(s) were missing a statement from the physician, PA, APN, or CNP that the child has been immunized or is in the process of being immunized against the diseases
required by division 5104.014 of the Revised Code and found in appendix A to this rule
10. Medical(s) were missing a statement from the child's parent or guardian that he or she has declined to have the child immunized against the disease for reasons of
conscience, including religious convictions
11. Other [ ]

Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 02/27/2025

## Rules In-Compliance/Not Verified

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|

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| | | |
|---|---|---|
| Rule: 5180:2-12-16 Written Disaster Plan | Compliant | Documenting Statement: Annual training of the written disaster plan was completed by staff. |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| Rule: 5180:2-12-02 License Posted | Compliant | Documenting Statement: The license was in a location visible to parents as required. |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| Rule: 5180:2-12-04 Building Department Inspection | Compliant | Documenting Statement: A copy of the certificate of occupancy was available on-site for review. |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-02 Current Information | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-03 Inspection Requirements | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| Rule: 5180:2-12-04 Fire Inspection | Compliant | Documenting Statement: Although the program had documentation of a current fire inspection without any uncorrected violations at the time of the licensing inspection, the program did not have the fire inspection completed within 12 months from the date of the last fire inspection without any uncorrected violations. Please ensure that fire inspections are completed in accordance with the rule requirements. |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| Rule: 5180:2-12-04 Food Service Requirements | Compliant | Documenting Statement: The food service license was observed posted. Following is the audit number and date of expiration: Audit #KMIR-D32JVP expires 03/01/2025. |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-07 Administrator Qualifications | Compliant | |

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| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-07 Administrator Responsibilities/Requirements | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| Rule: 5180:2-12-07 Written Program Policies and Procedures | Compliant | Documenting Statement: The written policies and procedures reviewed on the day of the inspection were verified as complete. |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-08 Medical Statement | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-08 Child Care Staff Member Educational Requirements | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-08 Orientation Training & Whistle Blower Protection | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| Rule: 5180:2-12-09 Background Check Requirements | Compliant | Documenting Statement: During the inspection, the required documentation regarding background checks was on file for all employees listed. |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-10 Health Training Requirements | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| Rule: 5180:2-12-10 Professional Development Requirements | Compliant | Documenting Statement: At the time of the inspection, all child care staff members had completed the required amount of professional development training. |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-11 Indoor Space Requirements | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|

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|---|---|---|
| Rule: 5180:2-12-11 Outdoor Space Requirements | Compliant | Documenting Statement: The quarterly playground inspections were completed and documented, as required. The most recent inspection report form was dated 10/29/2024. |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-12 Safe Equipment | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-11 Outdoor Play Equipment | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-11 Outdoor Play Fall Zones | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-12 Safe Environment | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-13 Sanitary Equipment and Environment | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| Rule: 5180:2-12-13 Handwashing Requirements | Compliant | Documenting Statement: Staff and children were observed washing hands as required by the rule. |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| Rule: 5180:2-12-13 Smoke Free Environment | Compliant | Documenting Statement: No smoking was allowed on the premises, and the notice stating that smoking is prohibited was observed posted in a conspicuous place. |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-13 Toothbrushing Requirements | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| Rule: 5180:2-12-15 Medical/Physical Care Plans | Compliant | Documenting Statement: The program had current information on the medical status and the required treatment plan for the children with health conditions. |

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|---|---|---|
| Rule: 5180:2-12-15 Medical/Physical Care Plans | Compliant | Documenting Statement: During the inspection, the requirements of the rule regarding caring for children with a specific health condition were discussed. |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| Rule: 5180:2-12-16 Medical, Dental, and General Emergency Plan | Compliant | Documenting Statement: On the day of the inspection, the complete prescribed JFS 01242 "Medical, Dental, and General Emergency Plan For Child Care" were posted in the program as required. |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| Rule: 5180:2-12-16 Emergency Drills | Compliant | Documenting Statement: Documentation for completed fire, weather, and emergency/lockdown drills was verified during this inspection. |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| Rule: 5180:2-12-16 First Aid/Standard Precautions | Compliant | Documenting Statement: During the inspection, the program had complete first aid kits available as required. |
| Rule: 5180:2-12-16 First Aid/Standard Precautions | Compliant | Documenting Statement: During the inspection, the requirements of the rule regarding first aid kits and standard precaution procedures were discussed. |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| Rule: 5180:2-12-16 Management of Communicable Disease | Compliant | Documenting Statement: The JFS 08087 "Communicable Disease Chart" was posted and was readily available to staff and parents. |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-16 Incident/Injury Reporting | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-17 Materials and Equipment | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-17 Daily Schedule | Compliant | |

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| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-18 Attendance Records | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-18 Group Size | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-17 Daily Outdoor Play | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-18 License Capacity | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| Rule: 5180:2-12-18 Ratio | Compliant | Documenting Statement: Staff/child ratios observed during the inspection were in compliance. |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| Rule: 5180:2-12-20 Cots and Napping | Compliant | Documenting Statement: Cots were placed appropriately and safely during nap time. |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-19 Supervision | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-19 Child Guidance | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| Rule: 5180:2-12-22 Meal and Snack Requirements | Compliant | Documenting Statement: The menu posted reflected the meal served. |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-22 Safe Food Handling/Storage | Compliant | |

| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-22 Fluid Milk Requirements | Compliant | |

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| Rule | Status | Documenting Statement(s), If applicable |
|---|---|---|
| 5180:2-12-25 Medication Administration | Compliant | |